PTO/58/80 (11-08)

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## I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3 73(b). I hereby appoint: 00826 Practitioners associated with the Customer Number: OR Practitioner's) named below (if more than ten patent practitioners are to be named, then a customer number must be used), Pegistration Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the Linted States Patent and Trademark Office (USP TO) in connection will any and all patent applications assigned gray to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 1 00826 The address associated with Customer Number: ORFirm or Individual Name Address City State Zio Country Telephone

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Assignee Name and Address

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A copy of this form, together with a statement under 37 CFR 3.75(b) [Form PTO/SB/R6 or equivalent) is required to be fitted in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be fitted.

SIGNATURE of Assignee of Record

The individual whose signature and fille is supplied below is authorized to act on behalf of the assignee				
Signature	Petr Henrig	Date Tul	26,2010	
Name	Peter L. Het/ridge	Telephone	(732) 524-5352	
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